



02/09/01

ATTORNEY DOCKET NO.: P-8722

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

PATENT

Total Pages _____

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: EDOUARD KOULIK
 TITLE: ECHOGENIC DEVICES AND METHODS OF MAKING AND USING SUCH DEVICES

Assistant Commissioner for Patents
BOX PATENT APPLICATION
 Commissioner of Patents and Trademarks
 Washington, D.C. 20231

JC996 U.S. PTO
 09/779537
 02/09/01

Sir:

We are transmitting herewith the attached:

☒ **Patent Application Transmittal**

☒ **Specification:**

Total pages: 24 (including claims and abstract): Spec. 19 sheets; Claims 4 sheets; Abstract - 1 sheet.

☐ **Drawings:**

Total sheets: _____

☐ formal ☐ informal

☒ **Combined Declaration and Power of Attorney:**

- ☐ newly executed
☐ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

☒ **Accompanying application parts:**

- ☐ Notification of filing a
☐ Assignment of the Invention to Medtronic, Inc.
☐ Assignment cover sheet of prior application
☒ Information Disclosure Statement
☒ PTO Form 1449
☐ Copies of IDS citations
☐ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
☒ Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
 of prior application No. _____.
- ☐ Amend the specification by inserting before the first line the sentence: This application is a X continuation
☐ division ☐ continuation in part of application number _____, filed _____.
- ☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
 (At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to: Medtronic, Inc.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

☒ Address all future correspondence to: Thomas F. Woods, Reg. No 36,726
Medtronic, Inc., MS 301
7000 Central Avenue NE
Minneapolis, Minnesota 55432
Telephone: (763) 514-3652
+31 43 356 6845

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	18	20	=	x 18	
Independent Claims	09	03	= 06	x 80	\$ 480
Multiple Dependent Claims				+ 260	
Basic Filing Fee					\$ 710
TOTAL					\$ 1190

☒ Charge Deposit Account No. 13-2546 the sum of **\$ 710.00** (Filing Fee) and **\$ 480.00** (extra claims) for a total of **\$ 1190.00**.

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

1-6-01
Date

Thomas F. Woods
Thomas F. Woods, Reg. No. 36,726
MEDTRONIC, INC.
7000 Central Avenue N.E.
Minneapolis, Minnesota 55432
Telephone: (763) 514-3652
+31 43 356 6845